This claim is filed for fiscal year 20 \_\_\_\_ - 20 \_\_\_

BOE-267-L2 (P1) REV 02 (05-19)

## WELFARE EXEMPTION SUPPLEMENTAL AFFIDAVIT, HOUSING — LOWER INCOME HOUSEHOLDS — TENANT DATA

Robert Menvielle						
Imperial County Assessor						

940 W. Main Street Suite 115 El Centro, CA 92243 Main Office: (442) 265-1300

Website: assessor.imperialcounty.org

EMAIL ADDRESS

This is a S	Supplemental Affidavit filed with				
	BOE-267, Claim for Welfare Exemption (First	Filing)			
	BOE-267-A, Claim for Welfare Exemption (An	nual Filing)			
liability c certain lir by Section a taxpayer must con of section	ise of a claim, for low-income rental housing company, that does not receive government of the first of the f	financing or receive low he property are lower inc otal exemption amount a le properties, may not ex I Section 3 of form BOE-2	income housing tax of ome households whos llowed under Revenue ceed twenty million do 267-L indicating you an	credits, may qualify for se rent does not exceed and Taxation Code secondars (\$20,000,000) in a	exemption up to a the rent prescribed ction 214(g)(1)(C) to essessed value. You
Name of 0	Name of Organization			Corporate ID or LLC Number	
Address o	of Property (number and street)				
City, Cour	nty, Zip Code				
Section 2 an affidav income, t	of Qualified Households 259.14 of the California Revenue and Taxation ( vit reporting the following information on the unit the maximum rent that can be charged to the he I sheets as necessary. Report information for each	s occupied by lower incorpusehold, and the actual	ne households for which rent. Use the table belo	n exemption is claimed: w to provide the require	the actual household
				Charged for the Unit	the Tenant
1004	ify (or declare) under penalty of perjury under the	CERTIFICA		and all information acute	ined herein including
i ceni	ıry (or declare) under penaity of perjury under the any accompanying statements or do	cuments, is true, correct, a	and complete to the besi	and an inionnation conta of my knowledge and hi	ineu nerein, including
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		•	or my knowledge and be	ellel.

DAYTIME TELEPHONE

SIGNATURE OF CLAIMANT

# INSTRUCTIONS FOR FILING WELFARE EXEMPTION SUPPLEMENTAL AFFIDAVIT, HOUSING — LOWER INCOME HOUSEHOLDS — TENANT DATA

#### **FILING OF AFFIDAVIT**

This affidavit is required under the provisions of sections 214(g)(1)(C), 214.17, and 259.14 of the Revenue and Taxation Code and must be filed when seeking exemption on low-income housing property, owned and operated by a nonprofit organization or eligible limited liability company, that <u>does not</u> receive government financing or state/federal low-income housing tax credits. A separate affidavit must be filed for each location upon which you are seeking exemption under the provisions of section 214(g)(1)(C). This affidavit supplements the claim for Welfare Exemption and must be filed, for certain properties, with the County Assessor by February 15 to avoid a late filing penalty under section 270. If you indicated on supplemental affidavit form BOE-267-L that you seek exemption under the criteria of Revenue and Taxation code section 214(g)(1)(C), by checking box (C)(3) in SECTION 3 of that form, you must complete and file this form; failure to do so will result in denial of the exemption. In accordance with Revenue and Taxation Code section 259.14, the Assessor shall keep this information confidential.

#### **FISCAL YEAR**

The fiscal year for which an exemption is sought must be entered correctly. The proper fiscal year follows the lien date (12:01 a.m., January 1) as of which the taxable or exempt status of the property is determined. For example, a person filing a timely claim in February 2018 would enter "2018-2019" on line four of the claim; a "2017-2018" entry on a claim filed in February 2018 would signify that a late claim was being filed for the preceding fiscal year.

### **SECTION 1. Identification of Applicant and Property**

Identify the name of the organization seeking exemption on the low-income housing property, corporate identification number or LLC number assigned by the California Secretary of State. Identify the location of the low-income housing property and county in which the property is located.

#### **SECTION 2. Household Information**

Provide the requested household information on all units occupied by lower income households for which the organization is seeking exemption. This listing must include all households for which exemption is sought in Section 4 of form BOE-267-L, Welfare Exemption Supplemental Affidavit, Housing—Lower Income Households.

